

## **SIS Assessment Promising Practices Discussion**

### **What is the greatest strength of the SIS assessment?**

Southwest Michigan Behavioral Health: When done correctly, the assessment allows some dedicated one on one time with individuals to inspire creativity and idea sharing, providing the opportunity to explore ideas an individual may not have considered before. This allows individual to think about what it means to live an integrated life in a broader way, which could include service provisions the family may not have been aware of, vocational goals, etc. The person feels empowered and listened to and validated.

Region 1 SIS Assessor: It helps with the IPOS. You find out what they like, what makes them happy. You also find out what's important.

### **What is the greatest limitation of the SIS assessment?**

Multiple agencies mentioned the time commitment.

Region 5 SIS Assessor: SIS assessments are only once every 3 years, 90 minutes to 2 hours maximum. Average for Region 5 is 90 minutes. SIS assessors are getting more efficient and case managers are more prepared with the knowledge they need to bring to bear. It helps when SIS assessments are scheduled four months in advance. Time related issues are more likely to arise when they are scheduled at the last minute (only weeks in advance). Another limitation is lack of respondents in terms of people who are engaged in the life of the person served. Consider widening the invite and getting people from more support systems in people's lives.

Advocate perspective: Quality person-centered planning should be the focus. The SIS might support that work, but the person-centered planning process is more frequent than the SIS assessment process. Too much emphasis on what's gathered in the SIS could be harmful. What the SIS might be telling us is what happening with person-centered planning is not strong enough.

Advocate perspective: The term assessment may have a negative connotation. Its also helpful to understand that the SIS doesn't determine service eligibility. It helps inform person centered planning.

### **Share a specific example of how your agency uses SIS assessment data to improve the lives of people served.**

Oakland Community Health Network: SIS assessments can help promote equity. The "squeaky wheel" would tend to get more services. The same may also sometimes be true of the people with the more engaged case manager. The SIS helps ensure that more people are able to thoroughly articulate their level of needs. It also provides data for comparison.

NorthCare Network: Guardians and Case Managers have utilized the SIS report to advocate for additional services.

MSHN: SIS data has also been used to identify individuals with higher scores that might benefit from receiving the habilitation supports waiver.

**Share a promising practice your agency has found for making the SIS assessment process valuable to people served.**

Advocate perspective: People with developmental disabilities sometimes have difficulty communicating wants and needs. If there is a conflict free person there to assist with that process, they might be able to support those conversations.

Community Mental Health Partnership of Southeast Michigan: We have multiple regional workgroups that look at the SIS. We have the slight advantage of direct hiring SIS assessors. Some of the team have been doing this for a long time. CMHs have a different perspective around the strain on the system. There is a lot to learn as a case manager. They must navigate the challenges of the useability of the assessment and the EHR. They have to think about how best to make consistent service decisions. Weighing these issues can sometimes be confusing for contract managers.

**What additional technical assistance can BHDDA provide to enhance the SIS assessment process?**

Oakland Community Health Network: What is plan for SIS with iSPA implementation?

Southwest Michigan Behavioral Health: Increasing the CMHSP awareness to see value in the assessment, understand the purpose of the assessment and help to champion the value of the SIS from the top down. Help the CMHSP leadership to support the case manager to practice those values. Make sure appropriate people have access to the SIS online so the report can be accessed and utilized, which is not being done. Education on how the SIS informs service delivery, PCP and is not restricting access to supports or services if the SIS is declined. Create an FAQ or quick fact sheet about what the SIS is, how it can be used, etc. Promote and share the AAIDD information to the CMHSP to increase or enforce positive messaging.

MSHN: Consider requiring service provider agencies to attend the SIS. This would provide the best opportunity for a most accurate SIS. Experience has shown that often, an individual may or may not do a task in one setting but will in another, or with another person. Help with trainings that reinforce a comprehensive understanding that the SIS aids in helping configure the most optimal person centered supports possible. Add a section to the PCP noting goals developed in conjunction to the SIS. These suggestions may be best accomplished through subsequent edits to the SIS Manual.